

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Check only if needed: ☐ table (one) ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Check only if needed: ☐ table (one) ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Check only if needed: ☐ table (one) ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CAREER INVESTIGATION JUNIOR CATEGORY

Please type or print all information.

Participant Information: For SD – up to three entries per chapter are allowed in Junior Category- through grade 9.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of Career Investigated _____

Check only if needed: ☐ table (one) ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above member has met all the specifications in the event guidelines and is eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CAREER INVESTIGATION SENIOR CATEGORY

Please type or print all information.

Participant Information: For SD-up to three entries per chapter are allowed in Junior Category- through grade 12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of Career Investigated _____

Check only if needed: ☐ table (one) ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above member has met all the specifications in the event guidelines and is eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grades 10-12, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter.
Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter.

Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter. Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter.

Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

CULINARY ARTS OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: Up to three entries per chapter.

Participants must have completed a course in a food service occupational training program.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Number of courses taken in an occupational food service program _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above member has met all the specifications in the event guidelines and is eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9, may represent the chapter.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Check only if needed: ☐ electrical outlet

Title of business _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12, may represent the chapter.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Check only if needed: ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Title of business _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12, may represent the chapter.

Chapter name _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Check only if needed: ☐ electrical outlet

Title of business _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Type of display: ☐ free standing ☐ tabletop **Check only if needed:** ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop **Check only if needed:** ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Type of display: ☐ free standing ☐ tabletop **Check only if needed:** ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

HOSPITALITY SENIOR/OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in hospitality the in family and consumer sciences or a family and consumer sciences related occupations training program. Course work must concentrate on in-class learning and/or on-the-job training in preparation for paid employment.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of project _____

Type of display: ☐ free standing ☐ tabletop **Check only if needed:** ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Subject of project's focus (check one):

☐ Family

☐ Community

☐ Peers

☐ School

☐ Place of Employment

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Subject of project's focus (check one):

☐ Family

☐ Community

☐ Peers

☐ School

☐ Place of Employment

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Subject of project's focus (check one):

☐ Family

☐ Community

☐ Peers

☐ School

☐ Place of Employment

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of presentation _____

Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of presentation _____

Check only if needed: ☐ electrical outlet

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Title of presentation _____

Check only if needed: ☐ electrical outlet

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

EARLY CHILDHOOD OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: SD – Up to three entries per chapter. Grades 10-12.

Participants must have been enrolled in an occupational child care course in the occupational child care field or training program (defined as full-time classroom learning or on-the-job training for high school credit),

Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

Focus of project _____

Age Group: ☐ 2-3 ☐ 4-5 ☐ 6-8

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____

School _____

School address _____

City/State/Zip _____

Mailing address _____

City/State/Zip _____

School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above member has met all the specifications in the event guidelines and is eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, through grade 9.
Please include names of team members.

Chapter name _____

1. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

2. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

3. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

4. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

5. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
6. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
7. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
8. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

Adviser's name _____
School _____
School address _____
City/State/Zip _____
Mailing address _____
City/State/Zip _____
School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, grades 10-12.
Please include names of team members.

Chapter name _____

1. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

2. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

3. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

4. Participant's name _____

Mailing address _____

City/State/Zip _____

Phone (____) _____ Grade level in school (2006-2007) _____

5. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
6. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
7. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
8. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _____

How do these classes relate to your project? _____

Adviser's name _____
School _____
School address _____
City/State/Zip _____
Mailing address _____
City/State/Zip _____
School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Chapter

Adviser Signature

2007 STATE LEADERSHIP MEETING

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, grades 10-12.
Please include names of team members.

Chapter name _____

1. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

2. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

3. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

4. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

5. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
6. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
7. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____
8. Participant's name _____
Mailing address _____
City/State/Zip _____
Phone (____) _____ Grade level in school (2006-2007) _____

Adviser's name _____
School _____
School address _____
City/State/Zip _____
Mailing address _____
City/State/Zip _____
School Phone (____) _____ Home Phone (____) _____

Special Needs: _____

Name(s): _____

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Chapter

Adviser Signature